

HUMAN SERVICES BOARD

INTRODUCTION

FINDINGS OF FACT

1. The petitioner's son is a recipient of Medicaid benefits. In July 2008 when the petitioner and her son were visiting relatives in New Jersey, her son contracted a high fever. Because they were in a rural area, the petitioner went to a nearby clinic. When they arrived the clinic refused to honor the petitioner's Vermont Medicaid coverage and treat her son unless the petitioner paid \$145.35 in advance. Rather than drive several mile to another treatment facility the petitioner paid the amount and her son was (effectively) treated.

2. Upon returning to Vermont the petitioner requested the Department to provide reimbursement for the service under Medicaid. The Department has notified her that the service cannot be covered by Medicaid because at the time the services were rendered the clinic was not enrolled as a Vermont Medicaid provider.

3. The petitioner has contacted the clinic and informed them that Vermont would cover the service under Medicaid if the clinic would enroll as a Vermont provider, but that the clinic has refused. The parties agree that the petitioner correctly told the clinic that enrollment is a simple and cost-free procedure, but that the clinic nonetheless declined.

4. The petitioner maintains that she did not know the services in question would not be reimbursed, and that her options were limited due to the emergency nature of the service and the lack of other treatment options. At the hearing officer's request, the Department provided a copy of its Health Care Programs Handbook, which includes specific instruction that coverage is limited to providers enrolled in Vermont Medicaid, and which includes the fairly prominent warning: "If you pay for a service, we cannot pay you back".

The Department represents that this handbook is mailed to all Medicaid recipients at the time of their enrollment.

ORDER

The Department's decision is affirmed.

REASONS

The Medicaid regulations specifically preclude payments for "items and services ordered by an individual not enrolled as a Medicaid provider". W.A.M. § M151.1(I). The regulations define providers as those "currently approved to provide medical assistance to a beneficiary pursuant to the Vermont Medicaid Program". Id. § M155.1. Moreover, § M152 provides that Medicaid payments cannot be made directly to a recipient.

In this case, the petitioner does not dispute the Department's representation that the provider in question is not and has refused to become enrolled in Vermont Medicaid, and there is no question that the Department's decision not to cover the services in question under Medicaid is supported by the regulations. Although it may be harsh to, in effect, require Medicaid recipients to bear the financial risks of health treatment when they travel, it cannot be concluded that limiting Medicaid coverage to enrolled providers is

either fundamentally unfair or contrary to public policy.

Thus, the Board is bound to affirm the Department's decision in this case. 3 V.S.A. § 3091(d), Fair Hearing Rule No. 1000.4D.

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